

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amer.ded. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	or Official Use Only
E	Grien.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 / 1 / 2005 Through: 12 / 31 / 2005			
Name, file number, and address of labor organization.			
Name $M_{17}$ chz $gAN$ Education Association $(MEA)$			
Education Association (***			
Labor Organization File Number 512-840			
P.O. Box, Building and Room Number, if any			
Street 1350 Kendale Blvd.			
City East Lansing			
State Michigan ZIP Code + 4 48826-2580			
spouse or minor child directly or indirectly had any of the following interests sclusions set forth in the instructions):  or derived income or other economic benefit of			
7.a. Nature of Interest, Transaction, or Income.			
7.b. Amount.			
(			

03/31/2006

Date

517-336-4057

Telephone Number

Name of Person Filing Ross Wilson		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Michigan Education Special Services Assoc.	a. Labor Organization			
Trade Name, if any: MESSA				
P.O. Box, Bldg., Room No., if any				
Street 1475 Kendale Blvd.	c. Employer			
City East Lansing				
State Michigan ZIP Ccde + 4 48826-2560				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Michigan Education Special Services Assoc.				
Trade Name, if any: MESSA				
P.O. Box, Bldg., Room No., if any				
Street 1475 Kendale Blvd.	11.b. Approximate dollar value of such dealing.			
City East Lansing	12.a. Nature of interest held or income received.			
State Michigan ZIP Code + 4 48826-2560	Brief Case 07/28/2 Hotel Voucher 07/2 Group Tour Travers Hotel Room 07/29/2 Hotel Room 07/30/2 Duffle bag 11/11/2 Armen = 1/29/05	8/2005 /25 se City 07/30/2005 <b>5/</b> 2005 <b>278</b> 2005 <b>278</b> 2005 <b>200</b>		
	12.b. Amount.	\$9 <b>q</b> :		
C. Received from any employer (other than an employer covered unde	or parte A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			